

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Complete Water Systems, Inc.
BUSINESS STREET ADDRESS: 5087 SW 82nd Ave Davie FL. ZIP 33328
BUSINESS MAILING ADDRESS: P.O. Box 291714 Davie ZIP 33329
BUSINESS PHONE: ⁽⁹⁵⁴⁾ 437-7861

DESCRIBE TYPE OF BUSINESS: ~~water~~ water Filter Service

BUSINESS IS: Corporation X Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>John Hadue</u>	<u>16106 Oakwood Lane 33311</u>	<u>FTL</u>	<u>954-252-0252</u>
2. _____	<u>5087 SW 82nd Ave Davie</u>	<u>33328</u>	<u>954 6806060</u>

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 09, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

John Hadue (pres) _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>8/17/99</u> Category <u>18400</u> Fee <u>157.50</u> Rec# <u>524727</u> New <input checked="" type="checkbox"/> Trans _____	License # <u>99-12719</u> Control # <u>10994</u> Zoning <u>A-1</u>	
Council approval Required _____ Yes _____ No _____	Zoning Approval _____	Date _____
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____
TOWN CLERK APPROVAL _____		